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Bib Data Sheet

CONFIRMATION NO. 9612

SERIAL NUMBER 10/765,040	FILING DATE 01/28/2004 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. MR3065-11
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APPLICANTS

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** CONTINUING DATA *****

— NONE — *JD*

** FOREIGN APPLICATIONS *****

— NONE — *JD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <i>Sharon Jones</i> Initials <i>JD</i> 4/20/06	NJ	6	128	4

ADDRESS

04586
ROSENBERG, KLEIN & LEE
3458 ELLICOTT CENTER DRIVE-SUITE 101
ELLICOTT CITY, MD
21043

TITLE

System for patient alerting associated with a cardiac event

FILING FEE RECEIVED 4200	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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